

THIS AFFIDAVIT IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

A. ELIGIBILITY BASED ON FAMILY HOUSEHOLD INCOME

Section 214(f) of the California Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes only to the extent that household incomes of families residing there do not exceed amounts listed below:

NO. OF PERSONS IN FAMILY	MAXIMUM INCOME	NO. OF PERSONS IN FAMILY	MAXIMUM INCOME	NO. OF PERSONS IN FAMILY	MAXIMUM INCOME
1	50,450	4	72,100	7	89,400
2	57,700	5	77,850	8	95,150
3	64,900	6	83,650		

In order to qualify all or a portion of the total property for the exemption, you must have: (1) a signed statement for each family that qualifies (**you keep the statement in case of further audit**) and (2) you must complete the report below:

B. LIST OF QUALIFIED FAMILIES (See attached form, BOE-267-H (S3F))

Complete the **attached** list showing desired information for **only** those households that qualify; use additional sheets if necessary.

C. RECAP FOR ALL FAMILIES, ELIGIBLE AND INELIGIBLE

	EXAMPLE	ACTUAL
1. Number of qualified families (<i>one for each line filled in above</i>)	110	
2. Number of nonqualified families. <i>[Occupant(s) did not sign statement, refused to report, amount of income is over the limit, or unit was occupied by other than an elderly or handicapped family.]</i>	10	
3. Total number of families.	120	

D. EXEMPTION CALCULATION

	EXAMPLE	ACTUAL
Percentage which the number of low and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.	110/120	/
Maximum percentage of value of property eligible for exemption.	91.66%	



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ELDERLY OR HANDICAPPED FAMILIES
2004 STATEMENT OF FAMILY HOUSEHOLD INCOME
(SUGGESTED FAMILY HOUSEHOLD INCOME REPORTING FORM)

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes for those units whose family household income does not exceed the limits stated here.

Promptly complete, sign and return this statement to the manager* of the organization that provides the housing so the organization will have time to complete the form that must be filed with the Assessor.

ADDRESS OR UNIT NUMBER
 (No P.O. Box Numbers)

NAME(S) OF OCCUPANTS

1.	5.
2.	6.
3.	7.
4.	8.

NO. OF PERSONS IN FAMILY	MAXIMUM INCOME	NO. OF PERSONS IN FAMILY	MAXIMUM INCOME	NO. OF PERSONS IN FAMILY	MAXIMUM INCOME
1	50,450	4	72,100	7	89,400
2	57,700	5	77,850	8	95,150
3	64,900	6	83,650		

If there is more than one person residing in a unit, do you consider yourselves a family? ☐ Yes ☐ No

If **no**, report on line 1 the number of persons in your family. **Each non-family member must complete a separate statement.** (See instructions.)

1. Number of persons in family household _____.
2. I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year did not exceed \$ _____. (Enter the amount of the income limit shown for the number of persons in family household.)

SIGNATURE



DATE

RESIDENT: PLEASE RETURN THIS SIGNED FORM TO THE APARTMENT MANAGER.

***MANAGER: KEEP THIS FORM ON FILE. DO NOT RETURN TO ASSESSOR.**

SUGGESTED FAMILY HOUSEHOLD INCOME REPORTING FORM

INSTRUCTIONS

1. Enter your address and/or unit number and the names of the persons who comprise your family.
2. Enter on line 1 the **number** of persons who comprise your family.
3. Enter on line 2 the income limit figure for the number of persons shown on line 1.
4. Sign the statement if your combined family income is the same as or less than the income limit.
5. Promptly return the statement to an officer or the manager of the organization on whose property you reside.

Household Income:

Income includes but is not limited to:

- (1) Wages, salaries, fees, tips, bonuses, commissions and other employee compensation.
- (2) Net income from the operation of a business or profession or from rental of real or personal property.
- (3) Interest and dividends.
- (4) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or other similar types of periodic receipts.
- (5) Unemployment and disability compensation, workers' compensation and severance pay.
- (6) Public assistance exclusive of any amount specified for shelter and utilities.
- (7) Alimony, child support payments and regular contributions or gifts from persons not residing in the dwelling.
- (8) All regular pay, special pay and allowances of a member of the Armed Forces who is head of the family or spouse.

The following items shall not be considered as income:

- (1) Casual, sporadic or irregular gifts.
- (2) Amounts specifically for or in reimbursement of the cost of medical expenses.
- (3) Lump sum additions to family assets such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains and settlement for personal or property losses.
- (4) Amounts of educational scholarships paid directly to the student or to the educational institution and veteran benefits for costs of tuition, fees, books, and equipment.
- (5) The value of food coupons.
- (6) Payments received from the ACTION Agency, VISTA, Service Learning Programs, Special Volunteer Programs, National Older American Volunteer Program, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Services Program, SCORE and ACE.
- (7) Foster Child Care payments.

For a complete listing of income and deductions, see Department of Housing and Community Development Regulations, section 6914.



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HOUSING – ELDERLY OR HANDICAPPED FAMILIES

B. LIST OF QUALIFIED FAMILIES

Complete or attach list showing desired information for **only** those households that qualify; use additional sheets if necessary.

ADDRESS/UNIT NUMBER (Use two lines if there are two families in a unit)	NO. OF PERSONS IN FAMILY (May be more than one family in unit)	MAXIMUM INCOME FOR FAMILY DOES NOT EXCEED
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$
21.		\$
22.		\$
23.		\$
24.		\$
25.		\$